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Department of Health Services
Toxic Substances Control Division
Sacramento, California

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State of California Health and Welfare Agency 9 No. 2050—0039 (Expires 9-30-91) See Instructions on Back of Page 6 Department of Health Services orm A_prove Toxic Substances Contro! Division Sacramento, California and Front of Page 7 Plessa print c. (Form designed for use on elite (12-pitch typewriter). RM HAZARDOUS 1. Generator's US EPA ID No. Manifest 2. Page 1 Document No. 16 | 4 | 9 | 6 Information in the shaded arres WASTE MANIFEST CAD 981 403 850 is not required by Federal law 3. Generator's Name and Mailing Address A. State Manifest Document Numbe 834649 CITY OF IRVINE 15029 SAND CANYON , IRVINE, CA. B. State Generator's ID 92713 4. Generator's Phone (714) 724-7618 5. Transporter 1 Company Name US EPA ID Number C. State Transporter's ID 20845 OMF.GA PECOVE / SERVICES
Transporter 2 Company Name D. Transporter's Phone 042 245 DOL 213) 698-0991 US EPA ID Number E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address 10. US EPA ID Number G. State Facility's ID OMEGA RECOVERY SERVICES 14 P1014121214151001 12504 E. WHITTIER BLVD. H. Facility's Phone WHITTIER, CA. 90602 (213) 698-0991 rab hab bas hold I 12. Containers 13. Total 11. US DOT Description (Including Fugper Shipping Name, Hazard Class, and ID Number) Waste No. Quantity Unit Type Wt/Vol State 213 WASTE COMBUSTIBLE LIQUID, NA 1993 N.O.S. (Diesel Fuel) EPA/Other D001 DM 001/1/06 E State 221 EPA/Other (Waste Oil N.O.S., COMBUSTIBLE LIQUID) 0 0011120 6 XDOOK N/A State **21**3 HAZARDOUS WASTE SOLID N.O.S., ORM-E (Sand & Diesel Fuel) EPA/Other D001 State HAZARDOUS WASTE LIOUID N.O.S. ORM-E NA 9189 134 EPA/Other Non RCRA J. Additional Descriptions for Materials Listed Above Wastes Listed Above b. a.b.c.d.-Material for disposal C. 15. Special Handling Instructions and Additional Information Profile#Bl1462 B11463 *Emergency#714/724-7618 B11465 B11464 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste eneration and select the best waste management method that is available to me and that I can afford Printed/Typed Name Month Day Year Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day Year obeat I CIBINGEON OF 6191 18. Transporter 2 Acknowledgement of Receipt of Materials OR

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GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19 Signature Printed/Typed Name

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To P.O. Box 3000, Sacramento, CA

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EPA 8700-22 (Rev. 9-88) Previous editions are obsolete.

19. Discrepancy Indication Space

Department of Health Services Toxic Substances Control Division Sacramento, California

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EPA 8700—22 (Rev. 9-88) Previous editions are obsolete.

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To: P.O. Box 3000, Sacramento, CA 95812

State of California—Health and relater Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Sacramento, California

7. Transporter 2 Company Name 8. US EPA ID Number 9. Designated Facility Name and Site Address OMEGA RECOVERY SERVICES 12504 E. WHITTIER BLVD WHITTIER, CA 90602 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) WASTE PAINT RELATED MATERIAL, FLAMMABLE SOLID, (PAINT & THINNER) 10. US EPA ID Number F. Transporter's Phone G. State Facility's ID ADICIUS FACILITY STOLE H. Facility's Phone 12 Containers No. Type VASTE PAINT RELATED MATERIAL, FLAMMABLE SOLID, (PAINT & THINNER) IN 1263	1	UNIFORM HAZARDOUS Generator's US EPA ID WASTE MANIFEST CAD 981, 40:	100000000000000000000000000000000000000	Manifest sument No.	2. Page of	morni		he shaded areas by Federal law.		
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EPA 8700—22 (Rev. 9-88) Previous editions are obsolete.

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State of California —Health pr. Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91)

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Sacramento, California

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	3. Generator's Name and Mailing Address CITY CF IRVINE 15029 SAND CANYON RDIRVINE 4. Generator's Phone (714) 724-6182	, CA 92714			Manifest Docum	367	7102
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	7. Transporter 2 Company Name 8.	US EPA ID Number			Transporter's ID)	
	9. Designated Facility Name and Site Address OMEGA RECOVERY SERVICES 12504 E. WHITTIER BLVD WHITTIER, CA 90602	US EPA ID Number AD 042, 245 00	01,	CIA	Facility's ID D U Z y's Phone 13 698	-099	
	11. US DOT Description (Including Proper Shipping Name, Hazard Cl	ass, and ID Number)	12. Conta	ainers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
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-	15. Special Handling Instructions and Additional Information						
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	GENERATOR'S CERTIFICATION: I hereby declare that the column and are classified, packed, marked, and labeled, and are in all rinational government regulations. If I am a large quantity generator, I certify that I have a program to be economically practicable and that I have selected the prapresent and 'sture threat to human health and the environment: generation and select the best waste management method that	espects in proper condition for in place to reduce the volum- ticable method of treatment, OR, if I am a small quantity g	e and toxicity storage, or enerator, I h	y of waste	generated to thurrently available	pplicable le degree e to me w	international and I have determined hich minimizes the
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DHS 8022 A (1/88)

EPA 8700—22 (Rev. 9-88) Previous editions are obsolete.

Printed/Typed Name

FRANK-

Do Not Write Below This Line

Signature

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

White TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
To PO Box 3000, Socramento CA 95812

State of Califor Se-Health and Welfare Agency Form Approve WiB Mo. 2050—0039 (Expires 9-30-91)

See Instructions on Back of Page 6

Department of Health Services

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		3. Generator's Name and Mailing Address CIT? OF IRVINE 15029 SAND CANYON, IRVINE, CA 4. Generator's Phone ()	92713	B. State Gener	est Document Number	1601
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	L I T	20. Facility Owner or Operator Certification of receipt of hazardous mate	rials covered by this manifest exc	cept as noted in Item	n 19.	
	Ý	Printed/Typed Name N. JAY SOLOMON	Signature M. /	Jan Solo	mer	Month Day Year 0 / 10 2 9 /

Department of Health Services Toxic Substances Control Division Secremento, California

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13 P.O. Box 3000, Sacramento, CA 95812

State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91) See Instructions on Back of Page 5 Department of Health Service Toxic Stissances Control Divisi Sacramento, Californ Please print or type. (Fc. .. designed for use on elite (12-pitch typewriter). and Front of Page 7 UNIFORM HAZARDOUS 1. Generator's US EPA ID No. Manifest 2. Page 1 Information in the shaded areas WASTE MANIFEST CADI 19811 408 850 is not required by Federal law. Generator's Name and Mailing Address A. State Manifest Document Number CITY OF IRVINE 15029 SAND CANYON RD.., IRVINE, CA B. State Generator 4. General ir's Phone (714) 724-6182 5. Transporter 1 Company Name 1-800-852-7550 8. us EPA ID Number C. State Transporter's ID OMEGA RECOVERY SERVICE CAD, 042 245 001 D. Transporter's Phone 698-0991 7. Transporter 2 Company Name 8. US EPA ID Number E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number G. State Facility's ID CALL OMEGA RECOVERY SERVICES CIAIDIOI412121415TOOILI 12504 E. WHITTIER BLVD Facility's Phone CVS WHITTIER, CA 90602 CAD, 042,245 001, 213 698-0991 LOE 12. Containers 13. Total 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) (Y) 14. Quantity Unit Waste No S No. Type Wt/Vo State **213** ∞ WASTE PAINT RELATED MATERIAL N.O.S FLAMMABLE LIQUID COE (WASTE PAINT THINNER & WASTE PAINT) NA1263 EZER EPA/Other CO3 F003 φ.; 200; State EPA/Other 1-800-424 State EPA/Other CENTER d. State EPA/Other RESPONSE J. Additional Descriptions for Materials Listed Above K. Handling Codes for Wastes Listed Above C. d. NATIONAL 15. Special Handling Instructions and Additional Information 뿔 PROFILE NUMBER A-15166 CALL 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. SPILL, If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. 00 EMERGENCY

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Department of Health Services Toxic Substances Control Division

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Department of Health Services
Toxic Substances Control Division
Sacramento, California

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